

**APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS**

CIWMB E-1-77 (Rev. 6/96)

ENFORCEMENT AGENCY: \_\_\_\_\_

COUNTY: \_\_\_\_\_

TYPE OF APPLICATION:

- ☐ 1. NEW SWFP AND/OR WDRS ☐ 4. REVIEW  
☐ 2. REVISION OF SWFP AND/OR WDRS ☐ 5. AMENDMENT OF APPLICATION  
☐ 3. EXEMPTION AND/OR WAIVER ☐ 6. RFI/ROWD/JTD AMENDMENTS ☐ 7. CHANGE OF OWNER/OPERATOR OR ADDRESS

**FOR OFFICIAL USE ONLY**

SWIS NUMBER \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE ACCEPTED: \_\_\_\_\_

DATE REJECTED: \_\_\_\_\_

FILING FEE: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

DATE ACCEPTANCE OF  
INCOMPLETE APPLICATION: \_\_\_\_\_

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the appropriate agency. See instructions for completing this application.

<b>I. GENERAL</b>  <b>DESCRIPTION</b>  <b>OF</b>  <b>FACILITY</b>	<b>A. NAME OF FACILITY:</b> _____															
	<b>B. LOCATION OF FACILITY:</b> (Give address or location, also include legal description by section, township, range, base, and meridian if surveyed or projected.) _____															
	<b>C. TYPE OF OPERATION: (Check applicable boxes.)</b> <table border="0"><tr><td><input type="checkbox"/> DISPOSAL TYPE: _____</td><td><input type="checkbox"/> TRANSFORMATION <input type="checkbox"/> TRANSFER OR PROCESSING STATION TYPE: _____</td><td><input type="checkbox"/> SEWAGE TREATMENT <input type="checkbox"/> INDUSTRY (discharge to sewer) <input type="checkbox"/> INDUSTRY (on-site disposal) <input type="checkbox"/> OTHER (describe): _____</td></tr><tr><td><input type="checkbox"/> COMPOSTING TYPE: _____</td><td></td><td></td></tr></table>	<input type="checkbox"/> DISPOSAL TYPE: _____	<input type="checkbox"/> TRANSFORMATION <input type="checkbox"/> TRANSFER OR PROCESSING STATION TYPE: _____	<input type="checkbox"/> SEWAGE TREATMENT <input type="checkbox"/> INDUSTRY (discharge to sewer) <input type="checkbox"/> INDUSTRY (on-site disposal) <input type="checkbox"/> OTHER (describe): _____	<input type="checkbox"/> COMPOSTING TYPE: _____											
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<b>D. COSWMP/CIWMP REFERENCES:</b> DATE OF DOCUMENT: _____ PAGES: _____																
	<b>E. TYPE OF WASTES TO BE RECEIVED: (Check applicable boxes.)</b> <table border="0"><tr><td><input type="checkbox"/> AGRICULTURAL</td><td><input type="checkbox"/> DEAD ANIMALS</td><td><input type="checkbox"/> SLUDGE</td></tr><tr><td><input type="checkbox"/> ASBESTOS</td><td><input type="checkbox"/> FRIABLE - ASBESTOS</td><td><input type="checkbox"/> TIRES</td></tr><tr><td><input type="checkbox"/> ASH</td><td><input type="checkbox"/> INDUSTRIAL</td><td><input type="checkbox"/> WOOD MILL</td></tr><tr><td><input type="checkbox"/> AUTO SHREDDER</td><td><input type="checkbox"/> LIQUIDS</td><td><input type="checkbox"/> OTHER: (describe) _____</td></tr><tr><td><input type="checkbox"/> CONSTRUCTION/DEMOLITION</td><td><input type="checkbox"/> MIXED MUNICIPAL</td><td></td></tr></table>	<input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> DEAD ANIMALS	<input type="checkbox"/> SLUDGE	<input type="checkbox"/> ASBESTOS	<input type="checkbox"/> FRIABLE - ASBESTOS	<input type="checkbox"/> TIRES	<input type="checkbox"/> ASH	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> WOOD MILL	<input type="checkbox"/> AUTO SHREDDER	<input type="checkbox"/> LIQUIDS	<input type="checkbox"/> OTHER: (describe) _____	<input type="checkbox"/> CONSTRUCTION/DEMOLITION	<input type="checkbox"/> MIXED MUNICIPAL	
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<b>II. FACILITY</b>  <b>INFORMATION</b>	<b>A. PROPOSED CHANGE (Check applicable boxes)</b> <input type="checkbox"/> DESIGN (describe) _____ <input type="checkbox"/> OPERATION (describe) _____ <input type="checkbox"/> OTHER (describe) _____			
	<b>B. FACILITY INFORMATION:</b>			
	PEAK DAILY LOADING (TPD):	AVERAGE ANNUAL LOADING (TPY):	SITE CAPACITY(yds):	FACILITY SIZE (acres):
	DISPOSAL AREA:	TOTAL WASTE IN PLACE (yds):	AREA IN WHICH SOIL WILL BE DISTURBED (acres):	DESIGN AIR SPACE CAPACITY:
	EXPECTED CLOSURE DATE:			
	<b>C. PRESENT OR PROPOSED:</b>			
	DAILY FLOW (in MGD)	MAXIMUM:	AVERAGE:	DESIGN FLOW (in MGD):

<b>III</b> <b>SOURCE OF WATER SUPPLY (check all appropriate)</b>	
<b>A. MUNICIPAL OR UTILITY SERVICE:</b> NAME OF WATER SURVEYOR _____	<b>B. INDIVIDUAL (wells)</b> <b>C. SURFACE SUPPLY:</b> NAME OF STREAM, LAKE, ETC _____ TYPE OF WATER RIGHTS: <input type="checkbox"/> RIPARIAN <input type="checkbox"/> APPROPRIATION

(OVER)

HAS AN EIR BEEN PREPARED FOR THIS PROJECT?

☐ YES

☐ NO

IF "YES", PLEASE ENCLOSE A COPY

☐ YES

☐ NO

IF "NO" , WILL AN EIR BE PREPARED?

☐ YES

☐ NO

WILL A NEGATIVE DECLARATION (ND) BE PREPARED?

☐ YES

☐ NO

IF "YES", PLEASE ANSWER THE FOLLOWING:

WHO WILL PREPARE THE ND?

APPROXIMATE DATE OF COMPLETION:

TYPE OF BUSINESS OPERATING FACILITY:

☐ SOLE PROPRIETORSHIP

☐ PARTNERSHIP

☐ CORPORATION

☐ GOVERNMENT AGENCY

**V. OPERATOR  
INFORMATION**

**For land disposal,  
if operator is  
different from  
land owner, attach  
lease or franchise  
agreement.**

OWNER OF LAND  
(Name):

ADDRESS:

TELEPHONE #:

SSN OR TAX ID #

FACILITY OPERATOR  
(Name):

ADDRESS:

TELEPHONE #:

SSN OR TAX ID #:

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

I hereby acknowledge that I have read this application and the Report of Facility Information, if applicable, JTD or ROWD and certify that the information given is true and accurate to the best of my knowledge and belief. In operating the solid waste facility, I agree to comply with the conditions of the permit and with federal, state, and local enactment's.

SIGNATURE (LAND OWNER OR AGENT):

SIGNATURE (FACILITY OPERATOR OR AGENT):

TYPED NAME:

TYPED NAME:

TITLE:

DATE:

TITLE:

DATE:

**VI. LIST OF ATTACHMENTS (CHECK IF APPLICABLE):**

☐ REPORT OF FACILITY INFORMATION

☐ OPERATING LIABILITY FINANCIAL MECHANISM

☐ REPORT OF WASTE DISCHARGE

☐ PRELIMINARY CLOSURE/POSTCLOSURE MAINTENANCE PLAN

☐ JTD (RDSI/ROWD)

☐ FINAL CLOSURE/POSTCLOSURE MAINTENANCE PLAN

☐ CONTRACT AGREEMENTS

☐ FINANCIAL RESPONSIBILITY DOCUMENTATION

☐ DEPARTMENT OF HEALTH SERVICES PERMIT

☐ OTHER REGULATORY AGENCY PERMITS

☐ LOCAL USE/PLANNING PERMITS

☐ OTHER \_\_\_\_\_

☐ CERTIFIED ENVIRONMENTAL REVIEW REPORTS (CEQA)

☐ INFORMATION ON THE STATUS OF THE APPLICANT'S COMPLIANCE WITH CEQA REQUIREMENTS REGARDING THE PROPOSED PROJECT.

☐ EVIDENCE THAT THERE HAS BEEN COMPLIANCE WITH CEQA PRC, DIVISION 13, 2100 et.sec